

KENTUCKY TRANSPORTATION CABINET Department of Highways Division of Construction Procurement and Division of Construction

TC 14-20E Rev. 04/2007

APPEAL FORM - CONTRACTOR'S PERFORMANCE REPORT

		Prime Contractor Subcontractor
Name of Contractor:		PCN:
Contractor's Address:		Phone No.:
City:	State:	Zip Code:
Project ID No.:		Completion Date:
Type of Work:		_ Cost:
An appeal MUST BE SUBMITTED to the Chief District Engineer within 10 days after receiving the report.		

Explain Basis for Appeal:

Signature:_____ Date:_____

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APPEAL FORM CONTINUATION PAGE CONTRACTOR'S PERFORMANCE REPORT

CONTRACTOR OT ERI ORMAN	- · · · · · · · · · · · · · · · · · · ·
Name of Contractor:	☐ Prime Contractor ☐ Subcontractor ☐ PCN:
An appeal MUST BE SUBMITTED to the Chief District Engineer	within 10 days after receiving the report.
Explain Basis for Appeal (continued):	
Signature:	Date: